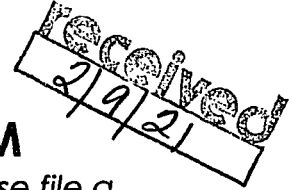


ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1PET (1738) FAX (602) 364-1039

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COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: Feb. 9, 2021

Case Number: 21-89

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Dr Leavitt

Premise Name: Banfield Pet Hospital

Premise Address: 4380 N Miller Rd

City: Scottsdale State: AZ Zip Code: 85251

Telephone: (480) 429-1188

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Courtney & Sanford Worth

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

C. PATIENT INFORMATION (1):

Name: Kingsley Worth

Breed/Species: Dachshund Pomeranian / Canine

Age: 15 Sex: M Color: Fox

PATIENT INFORMATION (2):

Name: _____

Breed/Species: _____

Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Courtney & Sanford Worth

2-9-2021

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

WWe brought our dog Kingsley in for X- Rays and because he wasn't feeling very well the week prior and as he had had some issues with his rear patella wanted to see if we needed to get him back on any sort of medication.

After not hearing a word from the Banfield office all day, we felt something was wrong and drove out to wait for him as it was very close to their end of day. After waiting to speak with Dr Leavitt on the phone she explaining that there was a significant heart murmur that she hadn't seen when she saw him earlier that month, and fluid building in his lungs but did not raise any alarms about his current condition.

We thought her bedside manor was poor (she did not seem particularly concerned with him, and seemed to make a lot of jokes) but it had been poor in other experiences as well but went in to pick up Kingsley and upon arrival were shocked and found out that he was experiencing extremely significant fluid build up in his lungs, and had been in the beginning stages of cardiac arrest, and was completely unable to breathe.

We were even more suprised when asking the vet tech and nurse who helped check us out, they both informed us he had been this way for several (one said four the other used several) hours in his kennel in the back room, and they then released him to us without a plan in place and said we could make a follow up appointment on Monday with the radiologist.

Confused, slightly angry, and scared we brought him immediately to the first 24 Hour emergency Vet (1st Pet Vet in Deer Valley) who had walk in availability, who were flabbergasted that he had been released in his state and immediately put him in an oxygen bed, and multiple medications to help stabilize him, and ultimately helped save his life keeping him in critical condition over the next 24 hours. I have no idea how a Vet, Technician, Nurse, or anything else could release any animal in full cardiac arrest, and unable to breathe, let alone could have let him suffer in their back room for hours (as stated by multiple technicians and confirmed by Dr Leavitt) without contacting us, or moving him immediately to a facility better equipped to handle this sort of condition if for some reason they were not able to.

End of life for any pet is challenging, and we have no delusions about unrealistic expectations, or miracles, but we do expect clear concise communication, and having our pets best interest at heart, and not to allow needless suffering which was allowed for hours in this situation with zero communication, and zero accountability by Dr Leavitts.

There seem to be multiple poor reviews about this location, and Dr Leavitt in particular and would love for your team to investigate further.

March 5, 2021

Via Email

Tracy A. Riendeau
Investigation Division
Arizona State Veterinary Medical Examining Board
1740 W. Adams Street, Suite 4600
Phoenix, Arizona 85007

Re: 21-89, in Re: Kelsie Leavitt, DVM

Dear Ms. Riendeau:

I am writing this in reference to the matter above and the letter you sent to me dated February 10, 2021 concerning the complaint filed by Sanford and Courtney Worth regarding my treatment of their dog Kingsley Worth. This letter provides the information that you have requested of me.

The date at issue in Mr. and Mrs. Worth's complaint was February 5, 2021. Schedule of the day included morning anesthetic procedures (an ovariohysterectomy and two dental procedures) as well as 7 drop-offs with a mixture of healthy and sick patients. Scheduled arrivals of the morning were between the hours of 7 AM till around 12 PM with the anesthetic procedures arriving first. Kingsley Worth is a 16 year-old male, neutered Dachshund mix presenting as a drop-off appointment scheduled around 8:15 AM for recent lethargy and inappetence.

My arrival was around 8 AM. My focus of the morning was to prioritize organization and preparation of my anesthetic procedures and drop-offs. Assigned Veterinary Assistants and Veterinary Technicians were preparing the drop-off appointments by collecting vitals and history while I am attentive to preparing for my anesthetic procedures.

The beginning procedure was the ovariohysterectomy lasting roughly 1 hour that was started close to 9 AM and ending past 10 AM. Right after the surgery was finished, I was called in for a fit-in euthanasia. My first dental procedure patient was premedicated close to 11 AM when I was out of my euthanasia appointment.

While awaiting my next anesthetic patient to reach optimum sedation to move on for induction, I began to start seeing some of my drop-off patients to perform physical exams and develop diagnostic plans for assistants and technicians to call for approval. The same happened when my last anesthetic procedure patient was premedicated. The last procedure started between 12 PM and 1 PM.

I first examined Kingsley between the hours of 10:30 AM and 12 PM. The Veterinary Assistant assigned to his case on intake was Deja-Lee Hill. I collected signalment and history from Deja. I was informed of his recent history of a degree of lethargy and inappetence that began the weekend before. I was informed that he has still been drinking with no coughing, sneezing, vomiting, or diarrhea. I referred to his vitals and observed them to be in normal limits. On physical exam, I assessed his general appearance of being bright, alert, and responsive with normal capillary refill time and strong femoral pulses. I auscultated his heart and lungs for abnormal findings. I auscultated a heart murmur that could be heard prominently in all four quadrants of the heart and observed to be palpable. There was no coughing or abnormal lung sounds auscultated at the time of exam. The high-grade heart murmur finding was also supported with asking another associate veterinarian to support finding.

Kingsley was a patient on a current Active Care Plus Wellness Plan. It was advised to perform available blood work on his plan to obtain complete blood count and chemistry values. It was also advised for Deja to discuss with owner about my recommendation to performing thoracic radiographs based on hearing a heart murmur on physical exam as I was moving on to my next anesthetic procedure. I also advised her to ask the owner for consideration of sending the radiographs out for consultation pending the abnormalities that are seen. I also discussed with Deja the option for the owner to upgrade to a Special Care Wellness Plan that includes radiographs to help with costs.

As I was in the middle of my procedure, Deja confirmed with me the approval to run blood work and perform the radiographs. I asked Deja to perform the blood work and take the thoracic radiographs when she can and has help available while I was still in the middle of a procedure that took longer than expected. The procedure ended after 2:20 PM.

Right after my last anesthetic procedure ended, I was pulled into a required Doctors Meeting that went through past the beginning of my afternoon appointments that started around 3 PM. I had a 30 minute "Triage" time after 4 PM that I used to review the thoracic radiographs. I observed heart enlargement and an interstitial pattern in the lungs around the area of the heart near the base. Based on the radiographic findings, I presumed a stage of congestive heart failure.

I contacted the owner over the phone not long after having reviewed the radiographs. I discussed with the owners, as I was on speaker with them, my physical exam findings of hearing a prominent high grade heart murmur that came as a surprise to me after having reviewed his previous history of no heart murmur ever noted. I discussed that the blood work didn't demonstrate any obvious significant abnormalities to indicate infection, liver, or kidney disease. Discussed there was only one value mildly elevated (BUN) that can be associated with kidney function but could also be elevated with stress or degree of dehydration. I discussed how even I haven't heard a heart murmur when I last saw him in December.

I expressed my bewilderment and suspicion of Kingsley having some kind of acute event having happened to his heart to have caused such a prominent murmur. I explained that progressive

heart murmurs are typically detected earlier on in lower grades then observed to increase as time goes on. With Kingsley having a high-grade murmur so recently, I expressed my high recommendation to visit a cardiologist for an echocardiogram or multispecialty as soon as they can. Discussed we don't currently carry a particular medication that is used for this particular high stage of congestive heart failure, Furosemide, but can prescribe another commonly prescribed medication, Pimobendan, for the current time until able to visit a specialist for their recommended treatment. Discussed further of how I do not have any particular explanation for the acute murmur such as a secondary cause to infection as blood work didn't show anything significant but suspect something acute to the heart like some kind of trauma in the heart itself.

Owner (now Mrs. Worth on speaker) brought up the concern about Kingsley's decreased appetite. Discussed with owners options of getting to eat such as an appetite stimulant, Entyce, to help encourage Kingsley to eat. Owners reported already having that medication at home and have already started using it with no improvement. With Enytce already not having improvement, I encouraged further of seeking specialist for further diagnostics and guide best treatment. Owners seemed to have resigned to consenting with taking home the heart medication we can provide then and pursue visiting a cardiologist or specialist as soon as they can.

Near end of day close to 6 PM, Kingsley's owner arrived for pick-up. A technician came in the back to notify me of Kingsley's owner (Mr. Worth) present at the front desk and mentioned our discussion how he felt that I was laughing and making jokes during the entire conversation. The technician mentioned to me having expressed to Mr. Worth before notifying me that it must have been a misunderstanding.

I visited the front desk and introduced myself to Mr. Worth. I brought up understanding that a lot was discussed over the phone and asked if there is anything that was misunderstood or would like to discuss further. Mr. Worth immediately after waved his hand in front of his face saying that I had poor bedside manner with believing that I had laughed during the entire conversation about Kingsley having congestive heart failure and just wanted to take home Kingsley and the medication. I apologized to Mr. Worth as that was not my intention nor considered it a laughing matter and suspect it was a misunderstanding during the conversation. Mr. Worth dismissed me again with another wave of his hand and replied that they will see a cardiologist. I nodded my head in resignation and further apologized again and assured Kingsley and the medication will be out soon.

I have enclosed the following records: (1) Banfield medical records; (2) 1st Pet Veterinary Centers records; (3) Banfield radiographs; (4) statement of Laura Tellier; (5) Statement of Deja-Lee Hill: and (6) Statement of Laura Shewmake

If you need any additional information or records from me, please let me know.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kelsie Leavitt', with a long horizontal flourish extending to the right.

Dr. Kelsie Leavitt, DVM

Enclosures:

Statement of Deja-Lee Hill

Statement of Laura Tellier

Statement of Laura Shewmake

Banfield medical records

Banfield radiographs (3)

1st Pet Veterinary Centers records

DOUGLAS A. DUCEY
- GOVERNOR -



VICTORIA WHITMORE
- EXECUTIVE DIRECTOR -

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: PM Investigative Committee: Adam Almaraz - Chair
Amrit Rai, DVM
Cameron Dow, DVM
Brian Sidaway, DVM

STAFF PRESENT: Tracy A. Riendeau, CVT – Investigations
Marc Harris – Assistant Attorney General

RE: Case: 21-89
Complainant(s): Sanford and Courtney Worth
Respondent(s): Kelsie Leavitt, DVM (License: 7530)

SUMMARY:

Complaint Received at Board Office: 2/9/21
Committee Discussion: 7/13/21
Board IIR: 8/18/21

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018
(Lime Green); Rules as Revised
September 2013 (Yellow)

On February 5, 2021, "Kingsley," a 15-year-old male Dachshund mix was presented to Respondent due to lethargy and anorexia for the past three days. Respondent examined the dog and noted a significant murmur therefore recommended diagnostics. Radiographs revealed congestive heart failure; Respondent recommended starting the dog on Pimobendan and consulting with a cardiologist.

The dog was discharged later that day. Complainants felt Respondent's communications were unprofessional, the dog's condition was not taken seriously, and the dog was discharged while having difficulty breathing.

That evening, the dog was presented to an emergency facility where the dog was hospitalized and received oxygen therapy. The next day the dog was discharged with multiple heart medications and referral to a cardiologist.

Complainants were noticed and did not appear.

Respondent was noticed and appeared telephonically. Attorney Jay Jacobson also appeared telephonically.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Sanford and Courtney Worth*
- Respondent(s) narrative/medical record: *Kelsie Leavitt, DVM*
- Consulting Veterinarian(s) narrative/medical records: *1st Pet Veterinary Centers*

PROPOSED 'FINDINGS of FACT':

1. On February 5, 2021, at 8:15am, the dog was dropped off to Respondent with a three day history of lethargy and anorexia. Technical staff obtained the dog's vitals; weight = 8.4 pounds, temperature = 100.7 degrees, heart rate = 160bpm, and respiration rate = 45rpm. Due to Respondent's schedule, she was not able to examine the dog until 3 - 4 hours after he was dropped off. Upon exam, she heard a significant heart murmur, grade 5/6. The murmur could be heard in all four quadrants and there was no coughing, or abnormal lung sounds ausculted at that time. Respondent was surprised with the severity of the heart murmur as they are usually detected earlier at a lower grade.

2. Respondent requested technical staff member, Ms. Hill, to call Complainants to discuss her findings of the heart murmur and recommend diagnostics including blood work and radiographs. Additionally, Respondent recommended upgrading their wellness plan to help with costs of the radiographs. Ms. Hill advised Complainants of Respondent's recommendations, which were approved.

3. Thoracic radiographs were recommended and blood was collected for testing. Respondent stated that her last anesthetic procedure took longer than expected and she was then pulled into a mandatory doctors meeting.

4. At 4:00pm, Respondent reviewed the dog's radiographs. She noted an enlarged heart and an interstitial pattern in the lungs around the area of the heart near the base. Based on the radiographic findings, Respondent presumed a stage of congestive heart failure. There were no significant findings with the dog's blood work.

5. Since it was getting close to the end of the day, Complainants were concerned that they had not heard from Respondent and drove to the premises. Around that time, Respondent called and spoke to them regarding her findings. She was surprised with the severity of the heart murmur since she had seen the dog in December and did not hear a murmur at that time. Respondent recommended starting the dog on Pimobendan, as she did not have furosemide available, and referred Complainants to a cardiologist for an echocardiogram as soon as they could.

6. Complainants asked about the dog's inappetence. Respondent offered Entyce to assist in stimulating the dog's appetite. Complainants reported that they had Entyce at home and have given it to the dog with no improvement. Respondent again encouraged the dog be

taken to a specialist for further diagnostics and treatment options.

7. At 6:00pm, When Complainants arrived to pick up the dog, they relayed to staff that they felt Respondent's conversation with them was inappropriate, claiming she was laughing and making jokes throughout the conversation. Respondent went up front to speak with Mr. Worth – she apologized for the misunderstanding as it was not her intention nor considered the dog's condition a laughing matter. Mr. Worth stated Respondent had a poor bedside manner, just wanted to take the dog home, and they would consult with a cardiologist.

8. The dog was brought up to Complainants with the medication. Complainants stated they were shocked to find out the dog had significant fluid buildup in his lungs and was unable to breathe; they believed the dog was in the beginning stages of cardiac arrest. Technical staff advised Complainants that the dog had been in that condition for several hours in his kennel. The dog was discharged without a plan leaving Complainants confused and concerned for the dog.

9. Ms. Hill stated that the dog was fine upon discharge and did not have signs of cardiac arrest. Another staff member, Ms. Tellier, did observe the dog cough at the time of discharge.

10. At 10:37pm, Dr. Lunt at 1st Pet Veterinary Centers evaluated the dog for coughing and respiratory distress after being at the primary veterinarian that day. Complainants reported Respondent's findings of an enlarged heart and recommendation for an echocardiogram. The dog had been lethargic and not eating for three days. Complainants approved hospitalization; the dog was placed in an oxygen cage, administered furosemide, and started on Pimobendan. Thoracic radiographs were repeated and showed severe pulmonary edema and mild to moderate left atrial enlargement.

11. On February 6, 2021, the dog was discharged to Complainants in the evening with furosemide, potassium gluconate gel, sildenafil and pimobendan. The dog's diagnosis was heart murmur, congestive heart failure, and suspected pulmonary hypertension as a result of an underlying heart condition. It was recommended to have the dog evaluated in 3 - 7 days by the primary veterinarian. An echocardiogram was strongly suggested to determine the type of heart disease present.

12. Complainants expressed concern that Respondent allowed the dog to suffer for several hours without communicating clearly to them about the dog's condition. Additionally, they felt a referral should have been made sooner to a facility better equipped to handle the dog's condition.

COMMITTEE DISCUSSION:

The Committee discussed that they had issues with the care that Respondent provided. The

dog survived due to Complainants bringing the dog directly to an emergency facility where the correct medications were given. The care that Respondent provided was inadequate and incorrect. The Committee did not know if it was due to a lack of experience or poor mentoring.

The Committee discussed if Respondent was not confident in the care she was providing, she should have referred the dog elsewhere or call someone to help guide her. It can be an intimidating experience to be a newly licensed professional, and asking for help when overwhelmed is imperative in patient care.

In dogs with cardiogenic pulmonary edema, Lasix is the first thing that is given, even before oxygen. It appears Respondent attempted to refer to a specialist.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that possible violations of the Veterinary Practice Act occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board find:

ARS § 32-2232(11) Gross incompetence; any professional misconduct or unreasonable lack of professional skill in the performance of professional practice. Respondent failed to intervene with (administer or prescribe) a diuretic for the dog's cardiogenic pulmonary edema.

Vote: The motion was approved with a vote of 3 to 1 (Dr. Sidaway nay; he agreed there was a violation of the Veterinary Practice Act, but felt R3-11-501(1) failure to provide professional acceptable procedures was more appropriate).

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

TR

Tracy A. Riendeau, CVT
Investigative Division

DOUGLAS A. DUCEY
GOVERNOR



VICTORIA WHITMORE
EXECUTIVE DIRECTOR

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

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PHONE (602) 364-1-PET FAX (602) 364-1039

CERTIFIED MAIL
94890090000276265239601

September 20, 2021

Kelsie Leavitt, DVM
ADDRESS ON FILE

LETTER OF CONCERN – 21-89 - In Re: Kelsie Leavitt, DVM

Dear Dr. Leavitt:

At its meeting on September 15, 2021, the Arizona State Veterinary Medical Examining Board considered information presented in the complaint case filed by Sanford and Courtney Worth regarding their pet "Kingsley" Worth.

In each case, the Board considers the situation and the professional's response, as well as all relevant information. In this matter, after review and discussion, the Board voted to dismiss the case and issue you a Letter of Concern pursuant to A.R.S. § 32-2234(D). This Letter of Concern is regarding the need to improve client communication.

A Letter of Concern is defined in A.R.S. § 32-2201(12) as "...an advisory letter to notify a veterinarian that, while there is insufficient evidence to support disciplinary action about certain aspects of the case, the Board believes the veterinarian should modify or eliminate certain practices and that continuation of the activities that led to the information being submitted to the Board may result in action against the veterinarian's license."

We hope you will take this advisory letter in the spirit that it is intended to avoid any other potential violations in the future.

Respectfully,
FOR THE BOARD

A handwritten signature in black ink, appearing to read "Victoria Whitmore".

Victoria Whitmore
Executive Director

cc: Sanford and Courtney Worth
T. Scott King, Esq.

DOUGLAS. A DUCEY
GOVERNOR



VICTORIA WHITMORE
EXECUTIVE DIRECTOR

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IN ACCORDANCE WITH § A.R.S. 32-2237(D): "IF THE BOARD REJECTS ANY RECOMMENDATION CONTAINED IN A REPORT OF THE INVESTIGATIVE COMMITTEE, IT SHALL DOCUMENT THE REASONS FOR ITS DECISION IN WRITING."

At the September 15, 2021 meeting of the Arizona State Veterinary Medical Examining Board, the Board conducted an Informal Interview in Case 21-89, In Re: Kelsea Leavitt, DVM.

The Board considered the Investigative Committee Findings of Fact, Conclusions of Law, and Recommended Disposition:

ARS § 32-2232(11) Gross incompetence; any professional misconduct or unreasonable lack of professional skill in the performance of professional practice. Respondent failed to intervene with (administer or prescribe) a diuretic for the dog's cardiogenic pulmonary edema.

Following the informal interview with Respondent, the Board disagreed with the Investigative Committee's recommendation as they felt the dog's condition while in Respondent's care did not warrant immediate administration of a diuretic. However, they did feel Respondent could have communicated more effectively with the pet owners and voted to issue Respondent a Letter of Concern with respect to communication.

Respectfully submitted this 7TH day of October, 2021.

Arizona State Veterinary Medical Examining Board

A handwritten signature in black ink, appearing to read "Jim K. Loughhead".

Jim Loughhead, Chair